| AME  | NDMENT :                        | TRANSMI                         | TTAL LE                           | TTER                            | Docket No.<br>4367-0107PUS1 |
|--|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|-----------------------------|
| Application No.<br>10/537,608-Conf. #3490              |                                 | Filing Date<br>December 5, 2005 |                                   | Examiner                        | Art Uni                     |
|  |                                 | <del></del>                     | 75, 2005                          | M. L. Berch                     | 1624                        |
| Applicant(s): Mic                                      |                                 |                                 | RODUCTION                         | METHOD THEREO                   | DF.                         |
| IS Amendment   |                                 |                                 |                                   |                                 |                             |
| P.O. Box 1450<br>Alexandria, VA 22<br>Transmitted here |                                 | ndment in the                   | above-identif                     | ied application.                |                             |
| The fee has been                                       | n calculated an                 | d is transmitte                 | d as shown b                      | elow.                           |                             |
| CLAIMS AS AMENDED Claims Highest                       |                                 |                                 |                                   |                                 |                             |
|  | Remaining<br>After<br>Amendment | Number<br>Previously<br>Pald    | Number<br>Extra Claims<br>Present | Rate                            |                             |
| Total Claims   | 12                              | - 20 =                          | 0                                 | x 50.00                         | 0.00                        |
| Independent<br>Claims                                  | 1                               | - 3 =                           | 0                                 | x 210.00                        | 0.00                        |
| Multiple Depend  | dent Claims (ch                 | eck if applicabl                | e)                                |                                 |                             |
| Other fee (pleas                                       | se specify):                    |                                 |                                   |                                 |                             |
| TOTAL ADDIT  | IONAL FEE FO                    | OR THIS AME                     | NDMENT:                           |                                 | 0.00                        |
| x Large Entity   | ,                               |                                 |                                   | Small Entity                    |                             |
| x No additions   | al fee is require               | d for this amer                 | ndment.                           |                                 |                             |
|  | ge Deposit Acc                  |                                 |                                   | n the amount of \$ _            | •                           |
|  | he amount of \$                 |                                 |                                   | sed.                            |                             |
|  | credit card. Fo                 |                                 |                                   |                                 |                             |
|  | r is hereby auth                |                                 |                                   | Deposit Account No<br>enclosed. | 02-2448                     |
| x Credit a   | ny overpaymer                   | nt.                             |                                   |                                 |                             |
|  | 10                              |                                 | n processing t                    | fees required under 37          | CFR 1.16 and 1.17.          |
| John W. Bailey   |                                 | #48,501                         |                                   | Dated:                          | April 30, 2008              |
| Attorney Reg. N  |                                 |                                 | _                                 |                                 |                             |
| BIRCH, STEWA<br>8110 Gatehous                          |                                 | H & BIRCH, LI                   | _P                                |                                 |                             |
| Suite 100 East<br>P.O. Box 747                         |                                 |                                 |                                   |                                 |                             |
| Falls Church, V<br>(703) 205-8000                      |                                 | 0747                            |                                   |                                 |                             |
|  |                                 |                                 |                                   |                                 |                             |
|  |                                 |                                 |                                   |                                 |                             |